

IMMUNIZATION RECORD

STUDENT: _____ D.O.B. _____

VACCINE TYPE	1 ST DOSE	2 ND DOSE	3 RD DOSE	4 TH DOSE	5 TH DOSE	DISEASE DATE
DIPHTHERIA, TETANUS, PERTUSSIS DPT or DPaT (circle one given)						
ADULT DPaT or TD (circle one given)						
POLIO (IPV) IF OPV - PLEASE INDICATE						
MEASLES, MUMPS, RUBELLA (MMR)						
HAEMOPHILUS B (HIB)						
HEPATITIS B						
CHICKEN POX (VARICELLA)						
HEPATITIS A						
MENINGOCOCCAL						
OTHER, SPECIFY:						

Note: Dates should include month/day/year

SEROLOGY TESTING FOR:

MEASLES: DATE: / / TITER:

RUBELLA: DATE: / / TITER:

MUMPS: DATE: / / TITER:

CHICKEN POX: DATE: / / TITER:

- Provisional Admission Attached
- Medical Exemption Attached
- Religious Exemption Attached

Date Granted: _____